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Evaluation of Lake County MHSA Three Year Expenditure Plan

CSS Committee: Jerry Doyle, Mark LeBeau, Nicette Short

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Review of Planning Process

The following identifies issues for potential oversight by the Commission, specific questions regarding Lake County CSS plans to be addressed by Lake County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, Lake County and the Department of Mental Health.

Summary

Overall, the plan reflects the county's extension of their on-going three-year community assessment process and their close knowledge of their local population and their issues. Developing effective strategies to address the needs of socially and geographically isolated populations, compounded by the issues of poverty and substance abuse, is challenging. Their recognition of the increasing level of diversity of their demographics, and their need to develop plans to address these changes, is presented as an opportunity for positive system change and collaboration. The plan presents a promising array of services including four Full Service Partnerships, three General System Development programs and a separate Outreach and Engagement plan.

Consumer and Family Involvement

Lake County Mental Health (LCMH) undertook an exceptional planning process and attempted to engage consumer and family members given the geographic remoteness and distance. They acknowledged and accommodated for different preferred modes of participation by community members. However, holding the public hearing at the courthouse seemed out of step with the rest of the planning process and may have intimidated further participation of community members.

The Committee applauds LCMH for modifying their plans based on community input and for providing stipends to consumers and members of minority groups to do personal outreach to their communities in their plan-to-plan. Additionally, the direct involvement with six Native American Tribal Councils is noteworthy. The County is committed to holding quarterly stakeholders' meetings to maintain the community's engagement in the MHSA implementation.

Concerns: The Committee expresses concern that the *workgroups did not include* any Latino, low income, immigrant, or non-native English-speaking representatives. This is

an issue of heightened concern, given that the plan states that cultural competency issues were integrated throughout the workplans. The Committee echoes the concern expressed by advocates at the public hearing that outreach efforts need to increase and adapt to the needs of unserved populations, in excess of outreach workers and brochures being bi-lingual. The Committee is most interested in the trainings that will be conducted on alternative therapies and how the county will examine and operationalize the concepts of “cultural therapy” and “best practices” approaches to defining and accepting culturally based qualification to provide therapeutic services

The committee requests that LCMH report on “progress towards goals” for engaging underrepresented groups at each of these meetings and demonstrate how their plans are modified as needed.

Fully Served, Underserved/Inappropriately Served, And Unserved:

The Committee agrees that the plan probably underestimates the underserved or inappropriately served groups and looks forward to revisions of these estimates in updates but commends the county for their insight regarding the changing demographics of their younger population.

All of the service proposals demonstrate very aggressive targets in serving minority populations. The effectiveness of the proposed outreach and engagement plan will have a major impact on the ability to achieve these goals.

Concern: A primary concern is that the plan mentions in a few places that the program participants will be “self selected” or out of the county’s control (although some have very aggressive diversity goals). Additional consideration should be given regarding how these new program services will be packaged or marketed to these underserved populations.

Question: The Committee requests clarification regarding the county’s definition of “fully served” – i.e. is it being defined as the client being satisfied with the services they received or with level of participation with the plan?

Question: Lack of continuity with enrollment in MediCal or transition to Healthy Families appears to present a significant barrier to services. Is this issue being addressed within the county, among other county service providers?

Wellness/Recovery/Resilience:

The recognition that there was a great need to address the needs of the school aged population, and to provide services at school locations, is commendable but would like additional information regarding how the Primary Intervention Program will become self-funded by year three.

The Committee cautions LCMH’s use of the term “Children’s Wraparound” for the title of their FSP children’s program. A wraparound program that meets the specific requirements of SB 163 far exceeds the goals of the Children’s System of Care (although the utilization of the CSOC’s infrastructure will facilitate its development). The committee agrees that this is a key opportunity to collaborate with DSS to develop an SB

163 Wraparound program and requests updates regarding its development (see requirements below).

MHSA Requirement for Wraparound Services for Children, Youth and Families

The Mental Health Services Act includes a very specific requirement that all counties must develop a Wraparound Program for children and their families as an alternative to group home placement. This is a requirement of specific interest to the Oversight and Accountability Commission as it is an essential component of transforming children's mental health services by reducing unnecessary reliance on institutional care and developing intensive community services and supports for seriously emotionally disturbed/mentally ill children, adolescents and their families. Specifically, the MHSA (Section 10, Part 3.7, section 5847(a) (2) states:

“Each county mental health program shall prepare and submit a three year plan which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission. The plan and update shall include all of the following ... (2) A program for services to children in accordance with Part 4 to include a program pursuant to Chapter 6 of Part 4 of Division 9 commencing with Section 18250, or provide substantial evidence that it is not feasible to establish a wraparound program in that county.”

According to Webster's New Collegiate Dictionary, “feasible” means “capable of being done or carried out.”

Wraparound, as defined in W&I Code commencing with Section 18250(a), is intended “to provide children with service alternatives to group home care through the development of expanded family-based services programs.” Note that this statutory language states that wraparound service is an alternative to group home care – not simply a step-down program. SB 163 programs, codified in Section 18250-18257 of the W&I Code, are very intensive services for children or adolescents who would otherwise be placed in high-level group homes at Rate Classification Level (RCL) Level 10 through 14. SB 163 makes the funds that otherwise would have been used for group home placement available instead for intensive Wraparound service as an alternative to the group home placement. This level of funding is essential to assure that the level of staffing and intensity of service required to support children with this high level of need is provided, so that SB 163 Wraparound Programs are in fact a viable alternative to intensive group home programs. The California Department of Social Services (CDSS) document “Review of Wraparound Standards, Guidelines for Planning and Implementation” (attached) includes the staffing ratios expected in a SB 163 Wraparound program.

It should be noted that SB 163 was based on the premise that the state and county share of the nonfederal reimbursement for group home placement would instead be made available to support Wraparound as an alternative to group home placement in a manner that was cost neutral to the state and to the county, i.e., it would cost the state and the county no more to provide intensive Wraparound services than they otherwise would have spent for group home placement for the same child. Because almost all the children that are, or otherwise would be placed in a group home program, are eligible for MediCal

and EPSDT, very few MHSA funds other than the 5% EPSDT match are required to develop a SB 163 Wraparound program. The W&I Code commencing with section 18250, which is the code section for SB 163 programs, states, in part, “(b) It is the further intent of the legislature that the pilot project include the following elements: (1) making available to the county the state share of nonfederal reimbursement for group home placement, minus the state share, if any, of any concurrent out-of-home placement costs, for children eligible under this chapter, for the purpose of allowing the county to develop family-based service alternatives.” Section 18254 (c) states “The department shall reimburse each county, for the purpose of providing intensive wraparound services, up to 100 percent of the state share of nonfederal funds, to be matched by each county’s share of cost as established by law, and to the extent permitted by federal law, up to 100 percent of the federal funds allocated for group home placements of eligible children, at the rate authorized pursuant to subdivision (a).” Accordingly, any new or expanded Wraparound program meeting the requirements of the MHSA should include the state and county share of the group home rate for each wraparound slot to assure that the level of staffing and intensity of service required to support children with this high level of need is provided.

The Mental Health Services Act, anticipating that counties would need technical assistance to develop SB 163 Wraparound programs, includes a provision (Section 6, 18257(b) that funds from the Mental Health Services Fund shall be made available to the Department of Social Services for technical assistance to counties in establishing and administering these projects. This technical assistance is available, at no cost to the county, by contacting Cheryl Treadwell, Program Manager, CDSS, at (916) 651-6023.

The Forensic Mental Health Partnership and the Integrated Physical and Mental Health Services both appear to be promising full-service partnerships however, the Commission is concerned that these FSP’s are not fully resourced. Updates regarding implementation, baseline, utilization of services and the related outcomes are anticipated.

Overall, the GSD plans do attempt to move the system towards wellness. However, given the geographic challenges in the area, the utilization of “drop-in centers” (without the benefit of transportation) is probably greatly decreased. The co-location of other services (housing specialist, employment support, WIA) is encouraging. The integration of mental health within primary care is promising.

The committee acknowledges that Community Outreach and Engagement plan is much needed and presents some significant challenges. It is recommended that LCMH provide updates regarding both the activities that they are undertaking (the number of individuals that are contacted) and the impact that it is having (the increase in utilization or level of engagement).

Education and Training and Workforce Development: The primary challenge for the county will be their ability to obtain bilingual, bi-cultural staff. Consumer and family involvement is welcomed at the volunteer level and the plan acknowledges that consumers will fill some positions (e.g. receptionist at the Center, staffing the Crisis Line).

Concerns: The committee encourages LCMH to explore opportunities to recruit from within their underserved communities and support the educational aspirations of their own communities (by providing scholarships, stipends and leveraging job training funds) to help meet some of their workforce and outreach needs.

Additionally, the committee recommends that if consumers and family members are to be engaged in entry-level employment that career tracks be developed for them and supported as well.

Collaboration: The Committee commends the county on its collaboration with the tribal councils, non-profit providers and others and encourages it to consider enhancing its partnerships with these entities and continuing to strive to meet their needs and the needs of their clients. The collaboration with the Rural Communities Housing Development Corp., to provide the required match for 10-12 units of subsidized housing for LCMH clients in the Clearlake area, is commendable. Additionally the Committee would like to recognize the county for changing the budget for the Consumer Self-Help Center based on the advice of the County General Counsel and the Mental Health Board. The collaboration strategies that will be regained and/or maintained with the stakeholders who had previously been engaged with the CSOC are also noted and extensive.

Concern: Members of the Committee have been informed that the county intends to pursue an MOU between the Tribal Health Consortium (which serves six of the tribes and 20 distinct communities) and the county for psychiatric services and that the consortium will then be billed for the services. The Committee requests clarification regarding this arrangement and encourages the county to explore opportunities for contracting with CBOs for services.

Additionally, the Committee strongly suggests that all plans execute the service components that are detailed in the plan by converting instances of “may” to “shall”.

Question: Plans address the need of AODS to collaborate with LCMH. How will the level of this collaboration be assessed? This is of critical importance given the substance abuse statistics that were presented

CONCLUSION

The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.